

2015 Choices Allowance And Premium Rates

2015 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$812.00
You + 1 family member	\$1,481.53
You + 2 or more family members	\$1,750.15

Medical Plans	You Only	You + 1	You + 2 or More
CIGNA Network HMO	\$700.16	\$1,400.88	\$1,613.17
CIGNA Network POS	\$1,259.23	\$2,243.22	\$2,353.20
Kaiser	\$637.71	\$1,269.96	\$1,474.02
ALADS Blue Cross Prudent Buyer Basic	\$917.42	\$1,787.94	\$2,055.90
ALADS Blue Cross Prudent Buyer Premier	\$1,039.09	\$1,909.61	\$2,177.57
ALADS Blue Cross CaliforniaCare Basic	\$621.62	\$1,208.55	\$1,496.81
ALADS Blue Cross CaliforniaCare Premier	\$743.29	\$1,330.22	\$1,618.48
CAPE Blue Shield Classic POS	\$832.00	\$1,611.00	\$1,918.00
CAPE Blue Shield Lite POS	\$512.00	\$1,051.00	\$1,312.00
Fire Fighters Local 1014	\$723.00	\$1,374.56	\$1,633.56
Waive coverage			

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$23.26	\$38.92	\$58.33
DeltaCare	\$15.09	\$24.88	\$36.87
MetLife (SafeGuard)	\$11.34	\$21.87	\$28.51
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	Monthly premiums are based on age and salary The County pays 15% of the monthly premium.
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit)		
Coverage (all family members)	\$5,000	\$0.88
	\$10,000	\$1.75
	\$15,000	\$2.63
	\$20,000	\$3.50
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.13	\$0.25
\$ 25,000	\$0.33	\$0.63
\$ 50,000	\$0.65	\$1.25
\$ 100,000	\$1.30	\$2.50
\$ 150,000	\$1.95	\$3.75
\$ 200,000	\$2.60	\$5.00
\$ 250,000	\$3.25	\$6.25
No coverage		

Medical Coverage Protection (LTD Health Insurance)		
LTD Health Insurance — 100% \$3.00		

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month